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Patricia F. Tate	(Depositor's nar	ne)
Potricea + Jate	(Signatu	re)
September 10, 2004	(Da	nte)
Patricia & Jato	(Signatu	re

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/771,322	01/26/2001	Vikram Saxena	SNSY-A2000-010	6722

TITLE OF INVENTION: A SYSTEM AND METHOD FOR ESTISMATING POWER CONSUMPTION OF A CIRCUIT THOURGH THE USE OF AN ENERGY MACRO TABLE

APPLN. TYPE	SMALL ENTITY	ISSUE FI	ISSUE FEE PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330 \$0		\$1330	11/15/2004	
EXA	MINER	ART UN	т	CLASS-SUBCLASS		
CONNOLI	LY, MARK A	2115	•	713-320000	_	
Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(1) the na	ting on the patent front page, I mes of up to 3 registered pate DR, alternatively,	nt attorneys 1 Bever, H		
		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		nes of up to	2 Harms, LLP 3 Jeanette S. Harms	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Synopsys, Inc.

Mountain View, California

eynopoyo, mo.	mountain view,	Jamonna	,			
Please check the appropriate assignee category or categories (will not b	e printed on the patent);	individual	corporation or other private group entity	☐ government		
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):					
Ma Issue Fee	☐ A check in the amount of the fee(s) is enclosed.					
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8 Advance Order - # of Copies2	In The Director is he Deposit Account Num	reby authorized iber <u>50-0574</u>	by charge the required fec(s), or credit any enclose an extra copy of this	everpayment, to form).		
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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).).		

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(Authorized Signature) Jeanette S. Harms, 35,537 (Date)

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